Section 3.15 Psychotropic Medication: Prescribing and Monitoring

3.15.1 Introduction

The use of psychotropic medications is often an integral part of treatment for persons receiving care for behavioral health conditions. As such, the use of psychotropic medications must be monitored closely to help ensure that persons are treated safely and effectively. ADHS/DBHS has developed guidelines and minimum requirements designed to:

- Ensure the safety of persons taking psychotropic medications;
- Reduce or prevent the occurrence of adverse side effects; and
- Help persons who are taking psychotropic medications restore and maintain optimal levels of functioning and achieve positive clinical outcomes.

3.15.2 References

The following citations can serve as additional resources for this content area:
General and Informed Consent to Treatment Section
Appointment Standards and Timeliness of Service Section
Credentialing and Privileging Section
Reporting of Incidents, Accidents and Deaths Section
Coordination of Care With AHCCCS Health Plans and Primary Care Providers Section
The Use of Psychotropic Medication in Children and Adolescents Practice Improvement Protocol
Informed Consent for Psychotropic Medication Treatment Technical Assistance Document

3.15.3 Scope

To whom does this apply?
All T/RBHA and subcontracted providers utilizing behavioral health medical practitioners to prescribe psychotropic medications to the following populations:

- All Title XIX and Title XXI eligible persons;
- All non-Title XIX/XXI persons determined to have a serious mental illness; and

- All other persons, based on available funding.

3.15.4 Did you know…?

- A person's target symptoms and clinical responses to treatment must be identified for each medication prescribed and documented in the person's comprehensive clinical record. Also, the use of psychotropic medication must always be referenced and incorporated into the person's individual treatment plan.

- Education regarding all prescribed medications must be routinely provided to persons and involved significant others in a culturally competent, language appropriate manner.

- Psychotropic medications that are not clinically effective after reasonable trials must be discontinued, unless the rationale for continuation can be supported and is documented in the person's comprehensive clinical record.

- The prescription of psychotropic medications by behavioral health medical practitioners must be coordinated with primary care providers (PCPs) or other health care providers to minimize the potential for adverse clinical outcomes. See Section 4.3, Coordination of Care with AHCCCS Health Plans and Primary Care Providers regarding expectations for coordination of care with PCPs and other health care providers.

3.15.5 Definitions

Adverse Drug Reaction

Behavioral Health Medical Practitioner

Cross-tapering

Medication Error

3.15.6 Objectives

To ensure that psychotropic medications prescribed for persons are prescribed and monitored in a manner that provides for safe and effective use.

3.15.7 Procedures

3.15.7-A. Basic requirements

Medications may only be prescribed by T/RBHA credentialed and licensed physicians, physician assistants, or registered nurse practitioners. See Section 3.20, Credentialing and Privileging for more information regarding credentialing requirements.

3.15.7-B. Assessments

Reasonable clinical judgment, supported by available assessment information, must guide the prescription of psychotropic medications. To the extent possible, candidates for psychotropic medications must be assessed prior to prescribing and providing psychotropic medications.

Psychotropic medication assessments must be documented in the person's comprehensive clinical record and must be scheduled in a timely manner consistent with Section 3.2, Appointment Standards and Timeliness of Service. Prescribers can use assessment information that has already been collected by other sources and are not required to document existing assessment information that is part of the person's comprehensive clinical record. At a minimum, assessments for psychotropic medications must include:

- An adequately detailed medical and behavioral health history;
- A mental status examination;
- A diagnosis;
- Symptoms;
- A review of possible allergies; and
- A review of previously and currently prescribed medications including any side effects.

Reassessments must be completed on an ongoing basis to ensure medication compliance and to substantiate that the prescribed psychotropic medication(s) are the most effective treatment for the person.

3.15.7-C. Informed consent

Informed consent must be obtained from the person and/or legal guardian for each psychotropic medication prescribed. In obtaining informed consent, behavioral health medical practitioners must communicate in a manner that the person and/or legal guardian can understand and comprehend. The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent. Essential elements for obtaining informed consent for medication are contained within PM Form 3.15.1, *Informed Consent for Psychotropic Medication Treatment*.

The use of PM Form 3.15.1 is recommended as a tool to review and document informed consent for psychotropic medications. If PM Form 3.15.1 is not used to document informed consent, the essential elements for obtaining informed consent must be documented in the person's individual comprehensive clinical record in an alternative fashion.

For more information regarding informed consent, please see Section 3.11, General and Informed Consent to Treatment.

3.15.7-D. High-risk medications

Psychotropic medications must be monitored adequately to avoid, diminish, or relieve side effects and adverse outcomes. Behavioral health medical practitioners must develop and implement safe and effective prescribing and monitoring practices to ensure that high-risk medications are adequately monitored to promote safe and effective use. At a minimum, this must include:

Type of Medication	Monitoring Action
Antipsychotic Medications	Administer the Abnormal Involuntary Movement Scale (AIMS) and document results. At a minimum, the AIMS must be completed and recorded upon the initiation of a new anti-psychotic medication, at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. Weight, fasting blood glucose and lipid levels must be monitored at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. **[T/RBHAs Enter Specific Information Here]**
Lithium Carbonate	For each person who is prescribed Lithium Carbonate or any related formulations of Lithium, obtain Lithium levels, thyroid function tests, and renal function test at least annually or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. **[T/RBHAs Enter Specific Information Here]**
Anticonvulsant medications used for mood stabilization	For each person who is prescribed anti-convulsant medications for mood stabilization or related treatment purposes, as indicated, obtain blood levels and liver function tests, CBC or other lab tests at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. **[T/RBHAs Enter Specific Information Here]**
For persons on medications that are known to affect health parameters	For persons on medications that are known to affect health parameters, such as height, weight, heart rate, and blood pressure, assessments will be made of the person's height, weight, heart rate, and blood pressure as indicated on an individual basis, or according to timeframes established by the T/RBHA Medical Director. **[T/RBHAs Enter Specific Information Here]**

3.15.7-E. Polypharmacy

ADHS/DBHS recognizes two types of polypharmacy; intra-class polypharmacy and inter-class polypharmacy. Below are ADHS/DBHS expectations regarding the prescription of multiple psychotropic medications to a person being treated for a behavioral health condition:

Intra-class Polypharmacy: Defined as more than two medications regularly prescribed at the same time within the same class, other than for cross-tapering purposes. The person's medical record must contain documentation specifically describing the rationale and justification for the combined use.

Inter-class Polypharmacy: Defined as more than three medications regularly prescribed at the same time from different classes of medications for the overall treatment of behavioral health disorders. The medical record must contain documentation specifically describing the rationale and justification for the combined use.

3.15.7-F. Reporting requirements

ADHS/DBHS requires that T/RBHAs establish a system for monitoring the following:

- Adverse drug reactions
- Medication errors

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the T/RBHA. **[T/RBHA fill in applicable info here]**

An incident report must be completed for any medication errors and/or adverse drug reactions that result in emergency medical intervention. See Section 7.4, Reporting of Incidents, Accidents and Deaths for more information.